NOTICE OF FORM CH	DATE		
TO: County Welfare Director Supply Clerk / Forms Coordinator		FROM: Forms Manag (916) 657-190	
☐ Community Care Lice	ensing District Offices	☐ District Attorney	
☐ Private and Public Ad	loption Agencies	☐ Other	
Listed below is information re	egarding a form change. O	only applicable information is shown	٦.
This notice updates your De	partment of Social Services	County Forms Catalog.	
FORM NUMBER AND TITLE			
ORDER UNIT	☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		Obsolete
☐ No Change Permitted		ermitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK M Department of Social Serv P.O. Box 980788 West Sacramento, CA 957	AINTAINED AT: ices Warehouse	OTHER:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effecti	ve
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.☐ Other (specify)			

ADDITIONAL INFORMATION REGARDING FORM CHANGE

AUDIT CONTACT LOG

INSTRUCTIONS: This form is intended to document contacts and may include telephone calls (t/c) and office visits (o/v). Enter relevant information including action taken and follow up.

PROVIDER NAME:		PROGRAM NO.:	
DATE	INCLUDE NAME OF CONTACT AND EXPLANATION		INITIALS

FC 2 CL (11/02) PAGE ______ OF _____